31-E
R.C. 3517.10(B)

Event Date 3/29/11
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Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Friends of Cornell Robertson							
Full Name of Contributor						**Registration Number, if PAC**	
Nick Menedis							
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
7511 Daugherty Drive				03	29	11	35.00
City	**State**	**Zip Code**		**Form(Cash,Check,etc)**			
Reynoldsburg	OH	43068		Check			
Full Name of Contributor						**Registration Number, if PAC**	
William Meredith							
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
7373 Tottenham Place				03	29	11	200.00
City	**State**	**Zip Code**		**Form(Cash,Check,etc)**			
New Albany	OH	43054		Check			
Full Name of Contributor						**Registration Number, if PAC**	
Harry Miller							
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
5445 Schatz Lane				03	29	11	50.00
City	**State**	**Zip Code**		**Form(Cash,Check,etc)**			
Hilliard	OH	43026		Check			
Full Name of Contributor						**Registration Number, if PAC**	
Pete Miller							
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
5760 Heritage Lakes Drive				03	29	11	100.00
City	**State**	**Zip Code**		**Form(Cash,Check,etc)**			
Hilliard	OH	43026		Check			
Full Name of Contributor						**Registration Number, if PAC**	
MSCPAC						00309468	
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
P.O. Box 594				03	29	11	500.00
City	**State**	**Zip Code**		**Form(Cash,Check,etc)**			
Youngstown	OH	44501		Check			
Full Name of Contributor						**Registration Number, if PAC**	
Myron Pakush							
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
1384 Elmwood Court				03	29	11	50.00
City	**State**	**Zip Code**		**Form(Cash,Check,etc)**			
Rocky River	OH	44116		Check			
Full Name of Contributor						**Registration Number, if PAC**	
Rebecca Pitcock							
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
15750 Hawn Road				03	29	11	50.00
City	**State**	**Zip Code**		**Form(Cash,Check,etc)**			
Plain City	OH	43064		Check			

* Required for contributions from individuals over $100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of $100, the labor organization of which the employees are members, if any, must appear. {R.C. 3517.10(B)(4)}

Fill in the boxes below only on the last page for this event.
Transfer the Total contributions for this event to form No. 31-A. Under **Full** Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total $ 985.00